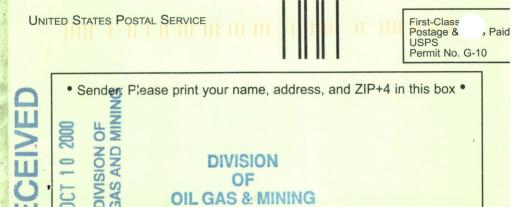
ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Compare items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	A. Received by (Please Print Clearly)  B. Date of Delivery  10-06-00
so that we can return the card to you.  Attach this card to the back of the mailpiece,	C. Signature  X  Addressee
or on the front if space permits.	D. Is delivery address different from/item 1? ☐ Yes
Article Addressed to:	If YES, enter delivery address below: X No
LEE BROWN MAGNESIUM CORP OF AMERICA 238 N 2200 W	2000 C
SALT LAKE CITY UT 84116	3. Service Type
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	
Z 2 354 982 JB DOG	M M/045/022 10/5/00
Form 3811, July 1999 Domestic Reti	urn Receipt 102595-00-M-0952



BOX 145801 SALT LAKE CITY UT 84114-5801